

CERTIFIED MAIL - Z 029 270 396  
RETURN RECEIPT REQUESTED

Doris Bridges  
Director of Gasoline Marketing

# THE PANTRY, INC.



May 5, 1994

P.O. BOX 1410, 1801 DOUGLAS DRIVE  
SANFORD, NORTH CAROLINA 27331-1410  
PHONE (919) 774-6700  
FACSIMILES: (919) 775-5464  
(919) 774-3329

Ms. Sherri Knight  
NCDEHNR  
Winston-Salem Regional Office  
8025 North Point Blvd.  
Winston-Salem, NC 27106

RECEIVED  
N.C. Dept. of EHNR

MAY 6 1994

Winston-Salem  
Regional Office

RE: FACILITY #0-016907  
THE PANTRY #204  
266 S. MAIN STREET  
KERNERSVILLE, NC 27284  
FORSYTH COUNTY

FACILITY #0-016908  
THE PANTRY #208  
4350 THOMASVILLE RD.  
WINSTON-SALEM, NC 27107  
FORSYTH COUNTY

Dear Ms. Knight:

Enclosed, please find two (2) "Notice of Intent: UST Permanent Closure or Change in Service" for the above referenced facilities.

The UST's at the two (2) sites will be removed in June, 1994 by SPATCO Environmental.

Should you have any questions, or if additional information is needed, please give me a call at (919) 774-6700, Extension #206.

Sincerely,

THE PANTRY, INC.

Doris Bridges  
Director of Gasoline Marketing

DB/awt

Enclosure

cc: NCDEHNR  
Groundwater Section - Pollution Control Branch  
441 N. Harrington St.  
Raleigh, NC 27603

GW/UST-3

## Notice of Intent: UST Permanent Closure or Change-In-Service

FOR  
TANKS  
IN  
NC

## Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only  
No. of EHA's  
Date Received  
MAY 6 1994

## INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

Winston-Salem  
Region Office

## I. OWNERSHIP OF TANK(S)

Tank Owner Name: The Pantey, Inc  
(Corporation, Individual, Public Agency, or Other Entity)  
Street Address: 1801 Douglas Drive  
County: Lee  
City: Sanford State: NC Zip Code: 27330  
Tel. No. (Area Code): 919-774-6700

## II. LOCATION OF TANK(S)

Facility Name or Company: The Pantey # 204  
Facility ID # (if available): 0-016907  
Street Address or State Road: 266 S. Main St.  
County: Forsyth City: Kernersville Zip Code: 27284  
Tel. No. (Area Code): 910-996-3394

## III. CONTACT PERSON

Name: Doris Bridges Job Title: Dir. Gasoline Mktg Telephone Number: (919) 774-6700 Ext. 206

## IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

- Contact Local Fire Marshall.
- Plan the entire closure event.
- Conduct Site Soil Assessments.
- If Removing Tanks or Closing in Place refer to API Publications 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".
- Provide a sketch locating piping, tanks and soil sampling locations.
- Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
- The **site assessment** portion of the tank closure must be conducted under the supervision of a Professional Engineer or Licensed Geologist. After January 1, 1994, **all closure site assessment reports must be signed and sealed by a P.E. or L.G.**
- Keep closure records for 3 years.

## V. WORK TO BE PERFORMED BY:

(Contractor) Name: SPATCO Environmental  
Address: 130 Penmarc Dr., Suite 112 State: Raleigh, NC Zip Code: 27603-2434  
Contact: Mike Harmon Phone: 919-832-2535  
Primary Consultant: Mike Harmon Phone: 919-832-2535

## VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
<u>1</u>	<u>8,000</u>	<u>Regular Unleaded Gasoline</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>2</u>	<u>8,000</u>	<u>Premium Unleaded Gasoline</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

## VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Doris Bridges, Director Gasoline Mktg. \*Scheduled Removal Date: June '94Signature: Doris BridgesDate Submitted: 5-4-94

\*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.